

Papillary thyroid cancer

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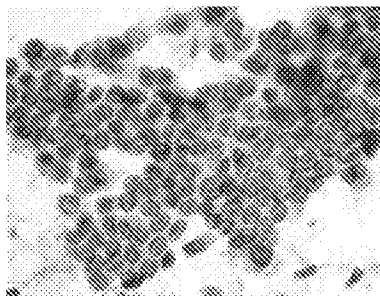
Papillary thyroid cancer is the most common type of thyroid cancer in America, but not worldwide. It occurs more frequently in women and presents in the 30-40 year age group. It is also the predominant cancer type in children with thyroid cancer, and in patients with thyroid cancer who have had previous radiation to the head and neck (in this group, the cancer tends to be multifocal with early lymphatic spread, and portends a relatively poor prognosis).

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Papillary thyroid cancer

Classification and external resources



Papillary thyroid carcinoma.

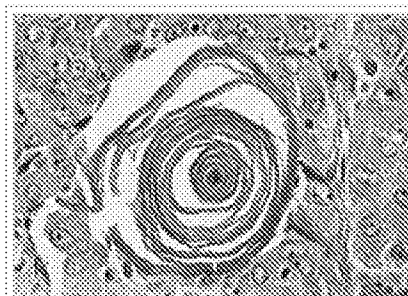
ICD-10	C73. (http://www.who.int/classifications/apps/icd/icd10online/?gc73.htm+c73)
ICD-9	193 (http://www.icd9data.com/getICD9Code.aspx?icd9=193)
OMIM	603744 (http://www.ncbi.nlm.nih.gov/entrez/dispomim.cgi?id=603744)
eMedicine	med/2464 (http://www.emedicine.com/med/topic2464.htm)
MeSH	D013964 (http://www.nlm.nih.gov/cgi/mesh/2009/MB_cgi?field=uid&term=D013964)

Markers

Thyroglobulin can be used as a tumor marker for well-differentiated papillary thyroid cancer.^{[1][2]} HBME-1 staining may be useful for differentiating papillary carcinomas from follicular carcinomas; in papillary lesions it tends to be positive.^[3]

Pathology

- Characteristic Orphan Annie eye nuclear inclusions (nuclei with uniform staining, which appear empty)^[4] and psammoma bodies on light microscopy. The former is useful in identifying the follicular variant of papillary thyroid carcinomas.^[5]
- Lymphatic spread is more common than hematogenous spread
- Multifocality is common
- The so-called Lateral Aberrant Thyroid is actually a lymph node metastasis from papillary thyroid carcinoma.^[6]



A psammoma body in papillary carcinoma of the thyroid.

- Papillary microcarcinoma is a subset of papillary thyroid cancer defined as measuring less than or equal to 1cm. ^[7]. The highest incidence of papillary thyroid microcarcinoma in autopsy series was reported by Harach et al. in 1985, who found 36 of 101 consecutive autopsies were found to have an incidental microcarcinoma ^[8]. Michael Pakdaman et al. report the highest incidence in a retrospective surgical series at 49.9% of 860 cases ^[9]. Management strategies for incidental papillary microcarcinoma on ultrasound (and confirmed on FNAB) range from total thyroidectomy with radioactive iodine ablation to observation alone. Harach et al. suggest using the term "occult papillary tumor" to avoid giving patients distress over having cancer.

Prognosis

There are at minimum 13 known scoring systems for prognosis; among the more often used are:

- AGES - Age, Grade, Extent of disease, Size
- AMES - Age, Metastasis, Extent of disease, Size
- MACIS - Metastasis, Age at presentation, Completeness of surgical resection, Invasion (extrathyroidal), Size^[10] (this is a modification of the AGES system)
- TNM - Tumor, node, metastasis. Remarkable about the TNM grading for (differentiated) thyroid carcinoma is that the scoring is different according to age.